PATENT APPLICATION FEE DETERMINATION RECOR								Application or Docket Number						
								17	17	<u> </u>	99			
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMA	LL EN	TITY	OB	OTHER TH SMALL EN			
FOR NUMBER FILED					NUMBER	RA	TE .	FEE		RATE	FEE			
	SIC FEE CFR 1.16(a))	33							s	OR		s 🖺 (
	AL CLAIMS CFR 1.16(c))		<u>a</u>	minus	+ 1	x \$	_=		OR	x s 18 =	100			
INDEPENDENT CLAIMS (37 CFR 1.16(b)) minus				s 3 = *	х	_=		OR	x =	15.4				
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))							+	_=		OR	+ =			
* If the difference in column 1 is less then zero, enter "0" in column 2							TO	TAL		OR	TOTAL	830		
		C) (Column l		AS AME	NDED - PART I (Column 2)	I (Column 3)	SMA	ALL EN	YTTTY	OR	OTHER TH			
AMENDMENT A		CLAIM REMAIN AFTER AMENDM	ING		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RA	RATE TIONAL FEE			RATE	ADDI TIONA FEE		
	Total (37 CFR 1.16(c))	*	N	Minus	**	=	x \$_	_=		OR	x \$=			
	Independent (37 CFR 1.16(b))	*	N	Minus	***	=	x _	_=		OR OR	x=			
₹.	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							=		OR	+ =			
	(Column 1) (Column 2) (Column 3)					(Column 3)	TO ADDIT.	TAL FEE		OR _A	TOTAL DDIT. FEE			
1ENT B		CLAIN REMAIN AFTE AMENDN	ΠNG R		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE		ADDI- TIONAL FEE		RATE	ADD TION. FEE		
ON	Totai (37 CFR 1.16(c))	*		Minus	**	=	x \$_	_=		OR	x S =			
AMENDM	Independent (37 CFR 1.16(b))	*		Minus	***	=	x_	x =		OR OR	x=			
<i>,</i>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							=		OR	+=			
	· · · · ·	(Column	1)		(Column 2)	(Column 3)		OTAL I. FEE		OR	TOTAL ADDIT. FEE			
AMENDMENT C		CLAII REMAII AFTE AMENDI	NING R		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADI TION FEI		
	Total (37 CFR 1.16(c))	*		Minus	**	=	x S	_=		OR	x \$=			
	Independent (37 CFR 1.16(b))	*	,	Minus	***	=	x _	=		OR	l	:		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))] [+_	=		OR				
								TOTAL	1	OR	TOTAL	T		

Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

		SMALL ENTITY			_	OTHER THAN						
<u></u>			(Column	1)	(Colu	ımn 2)		TYPE			SMALL ENTITY	
TOTAL CLAIMS							RA	TÉ	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUME	NUMBER EXTRA		C FEE	355.00	OR	BASIC FEE	710.00
τc	OTAL CHARGE	ABLE CLAIMS	27 mir	nus 20=	* 7	X\$	9=		OR	X\$18=	以	
INE	DEPENDENT C	LAIMS	, <u>)</u> mi	inus 3 =	*		X4	0=		OR	X80=	loke i em
ML	JLTIPLE DEPEN	NDENT CLAIM P	RESENT			-	35=		1			
* If	the difference	in column 1 is	less than ze	r "0" in (column 2		TAL		OR	TOT::		
CLAIMS AS AMENDED - PART II							10	IAL		OR	TOTAL OTHER	<u>836.80</u> THAN
(Column 1) (Column 2) (Column 3)								ALL E	SMALL			
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER OUSLY	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NO	Total	. 35	Minus	** 0	77	= 8	X\$	9=		OR	X\$18=	144
AM	Independent	* 4 ENTATION OF MI	Minus	***	<u>3</u>	= 1	X4	0=		OR	X86=	86
_	11101111202	HATTOT OF IN	JUIN LL DE	ENDLIN	CLAIIvi		+13	5=		OR	+270=	
								OTAL			TOTAL	
		(Column 1)		(Colur	mn 2)	(Column 3)	ADDIT.	FEE	·	J • · · /	ADDIT. FEE	L
AMENDMENT B.		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIC PAID	IEST BER DUSLY	PRESENT EXTRA	RA	ΓΕ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Š	Total	*	Minus	**		=	X\$	9=		OR	X\$18=	
AME	Independent	* NTATION OF MU	Minus	***	C AIM	= '	X40)=		OR	X80=	
	FINOT FRESL	NIATION OF MIC	JUHPLE DEF	ENDEN	CLAIM		+13	5=		OR	+270=	
								OTAL			TOTAL	
		(Column 1)		(Colun	nn 2)	(Column 3)	ADDIT.	rec =		1 ,	ADDIT. FEE	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIC PAID I	EST BER DUSLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**		Ė	X\$:	9=		OR	X\$18=	
ME	Independent	•	Minus	***		=	X40			l	X80=	
Ù	FIRST PRESE	NTATION OF MU	JLTIPLE DEP	'ENDENT	CLAIM					OR		
• 1	f the entry in colu	mn 1 is less than th	+13			OR	+270=					
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
•	The "Highest Nurr	nber Previously Pai	d For" (Total or	r Independr	ent) is the	highest number	found in the	na ann	ropriate box	r in col	umn 1	